

FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6378</u>	2. Fiscal Year Covered From: <u>01 / 01 / 04</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>Robert Puniak</u> P.O. Box, Bldg., Room No., if any _____ Street <u>4032 Dickey Road</u> City <u>Gibsonia</u> State <u>PA</u> ZIP Code + 4 <u>15044</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 249</u> Labor Organization File Number <u>028815</u> P.O. Box, Building and Room Number, if any <u>P. O. Box 40128</u> Street <u>4701 Butler Street</u> City <u>Pittsburgh</u> State <u>PA</u> ZIP Code + 4 <u>15201-0128</u>
5. Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____
---	--

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert Puniak

On

Date

724-444-0747 Home  
4/12 682-3700 ext 28

Telephone Number

Name of Person Filing

Robert Puniak

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TRANSISTERS LOCAL UNION # 249

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any P.O. BOX 41128Street 4701 BUTLER STREETCity PITTSBURGHState PA ZIP Code - 4 15201-0128

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code - 4 \_\_\_\_\_

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing. \_\_\_\_\_

12.a. Nature of interest held or income received.

12.b. Amount. \_\_\_\_\_

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name JAMES J. TOMATrade Name, if any: Alliance Broadcasters

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 1345 AVENUE OF THE AMERICANSCity NEW YORKState PA ZIP Code - 4 10105

14.a. Nature of payment.

GOLF OUTING

14.b. Amount of payment.

203.0013.b. Is the Business an Employer ☐ or Consultant ☐ ?